

To: Inpatient Hospital Providers, Outpatient Hospital Providers, HMOs and Other Managed Care Programs

Inpatient and Outpatient Hospital Services Under BadgerCare Plus

BadgerCare Plus, the new state-sponsored health care program, will be implemented in February 2008. This *Update* describes the policies for hospital services under BadgerCare Plus.

BadgerCare Plus Overview

In January 2007, Governor Jim Doyle included in his 2007-09 Biennial Budget proposal an innovative state-sponsored health care program to expand coverage to Wisconsin residents and ensure that all children in Wisconsin have access to affordable health care. This new program is called BadgerCare Plus, and it will start on February 1, 2008.

BadgerCare Plus merges family Medicaid, BadgerCare, and Healthy Start into a single program. BadgerCare Plus will expand enrollment to:

- All uninsured children.
- More pregnant women.
- More parents and caretaker relatives.
- Parents with children in foster care who are working to reunify their families.
- Young adults exiting out-of-home care, such as foster care, because they have turned 18 years of age.
- Certain farmers and other self-employed parents and caretaker relatives.

All individuals enrolled in BadgerCare Plus and Wisconsin Medicaid will be referred to as “members.”

BadgerCare Plus is comprised of two benefit plans, the Standard Plan and the Benchmark Plan. The services covered under the BadgerCare Plus Standard Plan are the

same as the current Wisconsin Medicaid program; therefore, the term “Standard Plan” will be used in all future *Updates* to describe the shared policy and billing information. The BadgerCare Plus Benchmark Plan is a more limited plan, modeled after commercial insurance.

New services covered under BadgerCare Plus and Wisconsin Medicaid include over-the-counter tobacco cessation products for all members and mental health and substance abuse screening, preventive mental health counseling, and substance abuse intervention services for pregnant women at risk of mental health or substance abuse problems. Future *Updates* will describe these new benefits in detail.

Refer to the November 2007 *Update* (2007-79), titled “Introduction to BadgerCare Plus — Wisconsin’s New Health Care Program,” for general information on covered and noncovered services, copayments, and enrollment.

Covered Services

All inpatient and outpatient hospital services covered under the Standard Plan and the Benchmark Plan are the same as those covered under the current Wisconsin Medicaid program.

Service Limitations for the Benchmark Plan

Physical therapy, occupational therapy, and speech and language pathology services in an outpatient hospital setting are subject to service limitations per enrollment year under the Benchmark Plan. Therapy services received after the

service limitation is reached are considered noncovered. Providers should refer to the December 2007 *Update* (2007-102,) titled “Physical Therapy, Occupational Therapy, and Speech and Language Pathology Services Under BadgerCare Plus,” for more information on service limitations for outpatient hospital therapy services.

Outpatient mental health and substance abuse services and inpatient hospital stays for mental health or substance abuse treatment are also subject to specific service limitations per enrollment year. Services may be considered noncovered if a service limitation has been reached. A future *Update* will describe service limitations for mental health and substance abuse services under the Benchmark Plan.

Reimbursement

Providers will be reimbursed for services provided to members using the same pricing methodology used by the current Wisconsin Medicaid program.

Copayments

Standard Plan

Copayment amounts and copayment limits for services under the Standard Plan are the same as they are under the current Wisconsin Medicaid program. Refer to previously published service-specific publications for more information on copayment amounts and limits.

Members who are subject to copayments and members who are exempt from copayment requirements are different under the Standard Plan than they are under the current Wisconsin Medicaid program.

Providers should note that the following Standard Plan members **are subject to copayment** for services where copayment applies:

- Members enrolled in BadgerCare Plus Standard Plan HMOs (previously referred to as Medicaid HMOs).
- Members under 18 years of age with incomes above 100 percent of the Federal Poverty Level (FPL).

Providers are prohibited from collecting copayments from the following BadgerCare Plus Standard Plan members:

- Nursing home residents.
- Pregnant women.
- Members under 18 years of age who are members of a federally recognized tribe.
- Members under 18 years of age with incomes at or below 100 percent of the FPL.

Family planning services are exempt from copayments.

Under the Standard Plan, providers **cannot** deny services if a member fails to make his or her copayment.

Benchmark Plan

Under the Benchmark Plan, the following copayment amounts apply:

- \$100.00 per inpatient hospital stay, except for hospital stays for mental health or substance abuse treatment.
- \$50.00 per inpatient hospital stay for mental health or substance abuse treatment. This copayment applies regardless of the type of hospital facility in which the stay occurred.
- \$15.00 per outpatient hospital **visit**. A visit is defined as all services provided by the same performing provider on the same date of service, regardless of the number or type of procedures administered.
- \$60.00 per emergency room visit. The emergency room copayment will apply only if the member is **not** admitted to the hospital. If a member is seen in the emergency room and admitted to the hospital the same day, the hospital inpatient copayment will apply and not the emergency room copayment.

All preventive and family planning services are exempt from copayments.

Note: A physician’s copayment is separate from an emergency room or inpatient copayment.

The following members are exempt from copayment requirements under the Benchmark Plan:

- Pregnant women.
- Members under 18 years of age who are members of a federally recognized tribe.

No other members or services are exempt from the copayment requirement under the Benchmark Plan.

Under the Benchmark Plan, a provider has the right to deny services if the member fails to make his or her copayment.

Enrollment or Disenrollment Between BadgerCare Plus Plans

Providers are required to follow the policies, procedures, and cost sharing of the plan the member was enrolled in on the first day of the hospitalization admittance even if the member changes plans mid-stay.

For example, a member enrolled in the Standard Plan is admitted to the hospital on March 30, 2008. The member switches from the Standard Plan to the Benchmark Plan as of April 1, 2008, and is discharged from the hospital on April 3, 2008. The provider should follow the policies and procedures for hospitalization under the Standard Plan for the entire hospitalization. The member is responsible for copayments under the Standard Plan.

Hospitalization in this section is defined as an inpatient stay at a certified hospital as defined in HFS 101.03(76), Wis. Admin. Code. Discharge from one hospital and admission to another within 24 hours for continued treatment shall not be considered a discharge under this section. Discharge is defined here as it is in the UB-04 Manual.

Information Regarding BadgerCare Plus HMOs

BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. For managed care policy, contact the appropriate managed care organization.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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